APPLICATION FOR EMPLOYMENT

Please Print

POSITION APPLYING FOR:

NAME	(Give Exact Job Title)			skills exam) because of a disability, you must submit a written request for such accommodation to the Human Resources Department by the close		
	(Last)	(F	irst)	(M	iddle)	date for applications.
ADDRESS						SOCIAL SECURITY NO.
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Number)		(Street)			
						(optional)
(City)		(State)	(Zip)	(e-mail – op	ional)	BIRTH DATE
TELEPHON	JE					(optional)
	(Home)		(Bi	usiness/Messa	ge)	
DRIVER'S L	LICENSE NO _		_ ISSUING	STATE		EXPIRATION TYPE DATE
Are you now or the City of Coun	have you ever beer ncil Bluffs?	employed t	YES _	NO		If yes, give department and dates.
Are you or you marriage to any	our spouse related City employee?	by blood	or YES	NO		If yes, give names and explain how related
Have you ever any job?	been fired or asked	to resign fro	m YES	NO		If yes, give details:
	peen convicted of any cluding juvenile or pa		YES	NO		If yes, give details:
May we contact regarding your o	you present employequalifications	er	YES	NO		
Do you wish to o	claim Veteran's Prefe	rence?	YES] NO [Attention Veterans: In order to claim veteran's preference, you must bring a copy of your form DD214 to the Human Resources Office on or before the test date.
	following types of t you are willing to wo	ork:	□Permanent □Temporary □Nights	□Day □Eveni	ng	☐Full Time ☐Required Overtime ☐Work Schedule involving weekends
	DN ate box if you posses ade level completed_	s one of the	following:	☐High S	chool	ol Diploma G.E.D. Certificate
C	OLLEGE OR	VOCATION	ONAL TRAI	NING (BU	SINE	ESS, TRADES AND TECHNICAL)
Na	ame and Location		Major Subject or Coursewor		Hours ⁄Iajor	

Attention Applicant:

If you feel you may need special assistance when taking an employment

test (i.e. written exam, oral interview,

MILITARY SERVICE

Branch of Service	From:	To:	Type of Discharge

EMPLOYMENT RECORD

The following section must be filled out completely, although you may submit a resume or other supporting documentation if so desired. Begin with present or most recent experience. Account for a minimum of 5 years of employment or your last 5 jobs, whichever is greater. Use additional sheets if necessary. Voluntary non-paid experience will be accepted if job related.

Dates		8	Employer's Name, Address & Phone #	Job Title/Duties:
rom:				
				Reason for Leaving:
	Yrs.	Mos.		
	Dates	3	Employer's Name, Address & Phone #	Job Title/Duties:
rom:				
otal:		_		Reason for Leaving:
	Yrs.	Mos.		
	Dates	5	Employer's Name, Address & Phone #	Job Title/Duties:
rom:				
o:				
otal:		_		Reason for Leaving:
	Yrs.	Mos.		
	Dates	S	Employer's Name, Address & Phone #	Job Title/Duties:
rom:				
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otal:		_		Reason for Leaving:
	Yrs.	Mos.		
	Dates	S	Employer's Name, Address & Phone #	Job Title/Duties:
rom:				
o:				
otal:				Reason for Leaving:
	Yrs.	Mos.		

I certify that my statements in this application are true, complete and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may bar me from the examination, remove my name from the eligible list, or if I have been appointed, cause my dismissal from the City Services. I also agree that ALL statements made on this application may be investigated, subject to any reservations regarding my present employer.

X SIGNATURE DATE	
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APPLICANT STATISTICAL INFORMATION

Dear Applicant:

The City is required to create and maintain demographic information on all employees and job applicants. Job applicants are not required to respond; but we ask that you provide this information so that our statistical analysis is as accurate as possible.

THE CITY OF COUNCIL BLUFFS IS AN EQUAL OPPORTUNITY EMPLOYER

TODAY'S DATE:	NAME:
POSITION APPLIED FOR:	
Check One:	<u>Definitions:</u>
☐ Female Age:	Hispanic or Latino – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
Check One: Hispanic or Latino	American Indian or Alaska Native (Not Hispanic or Latino) – a person having origins in any or the original peoples of North and South American (including central America), and who maintain tribal affiliation or community attachment.
Not Hispanic or LatinoIf you checked Not Hispanic or Latino above,	Asian (Not Hispanic or Latino) – a person having origins in any of the original peoples of the far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
Please check appropriate box below: American Indian/Alaska Native Asian Black/African American Native Hawaiian/Pacific Islander White Two or More Races	Black or African American (Not Hispanic or Latino) – a person having origins in any of the black racial groups of Africa. Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. White (Not Hispanic or Latino) – a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. Two or More Races (Not Hispanic or Latino) – persons who identify with two or more race/ethnic categories named above.
Where did you learn about this job? Notice from City City employee City Hall bulletin board City website Other Internet source: Newspaper/Journal (which):	
College Placement (which): Other:	

(PLEASE NOTE: If you are given a job offer, you will be invited to identify at that time any disability for which you need an accommodation, or your status as a U.S. military veteran).